

**BONDED WEB USER
RENEWAL APPLICATION**

FOR DMV USE ONLY
SITE ID NUMBER
OL NUMBER

ALL INFORMATION WILL REMAIN CONFIDENTIAL. PLEASE TYPE OR PRINT CLEARLY.

I. APPLICATION FOR BONDED WEB USER RENEWAL

DOING BUSINESS AS (DBA)

BUSINESS ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT)		DAYS AND HOURS OF OPERATION	

II. SECURITY INFORMATION

I certify there have been no changes to the security documents and floor plan submitted. (If changes have been made to the security documents and floor plan, please attach new documents) Signature of Authorized Agent _____

III. TYPE OF OWNERSHIP

IRS FEDERAL TAX ID #: _____

☐ Sole Owner ☐ Partnership ☐ Association ☐ Corporation ☐ Limited Liability Company (LLC)

IV. OWNER/CORPORATION NAME AND ADDRESS, IF DIFFERENT FROM ABOVE:

CORPORATION #: _____

NAME OR FIRM

BUSINESS ADDRESS	CITY	STATE	ZIP CODE
OFFICE TELEPHONE NUMBER ()	OFFICE FAX NUMBER ()		

V. CONTACT PERSON (Must be authorized designee of the firm.)

NAME (FIRST, LAST)

BUSINESS ADDRESS	CITY	STATE	ZIP CODE
OFFICE TELEPHONE NUMBER ()	OFFICE FAX NUMBER ()	E-MAIL ADDRESS	

VI. AGENT FOR SERVICE OF PROCESS

NAME OF FIRM

DESIGNEE'S NAME (FIRST, LAST)

BUSINESS ADDRESS	CITY	STATE	ZIP CODE
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VII. NAME OF EMPLOYEES WHO PROCESS APPLICATIONS (Attach additional paper, if necessary)

EMPLOYEE NAME (FIRST, LAST)	EMPLOYEE NAME (FIRST, LAST)
EMPLOYEE NAME (FIRST, LAST)	EMPLOYEE NAME (FIRST, LAST)

VIII. ALL PHYSICAL LOCATION(S) AND PERMIT NUMBER(S) WHERE DMV INVENTORY (License plates, stickers, paper) WILL BE MAINTAINED

PERMIT NUMBER	ADDRESS	CITY	STATE	ZIP CODE
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IX. CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT	FIRM NAME	DATE
PRINTED NAME OF AUTHORIZED AGENT	TITLE	TELEPHONE NUMBER ()

RETURN COMPLETED APPLICATION TO: Department of Motor Vehicles, Bonded Web User Program, P.O. Box 932345, MS H825, Sacramento, CA 94232-3700